



PTO/SB/22 (12-04)

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|--|--|---|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 28944/37661 | |
|--|--|---|--|

| | | | |
|--------------------|------------------------|-------|------------------|
| Application Number | 09/913,339-Conf. #8636 | Filed | January 16, 2002 |
|--------------------|------------------------|-------|------------------|

For **DEVICE FOR APPLYING A FLUID OR GEL SHAVING PRODUCT**

| | | | |
|----------|------|----------|---------------|
| Art Unit | 3751 | Examiner | K. J. Prunner |
|----------|------|----------|---------------|

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | Fee | Small Entity Fee | |
|---|--------|------------------|-----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ 120.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |

- Applicant claims small entity status. See 37 CFR 1.27.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855. I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor. 09/27/2005 BABRAHA1 00000040 09913339

assignee of record of the entire interest. See 37 CFR 3.71. 02 FC:1251 120.00 OP

attorney or agent of record. Registration Number _____

attorney or agent under 37 CFR 1.34. 39,811

Registration number if acting under 37 CFR 1.34 _____

Signature September 23, 2005

David C. Read Date

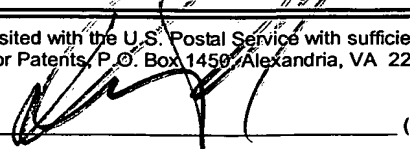
Typed or printed name (312) 474-6300

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 23, 2005 Signature:  (David C. Read)